

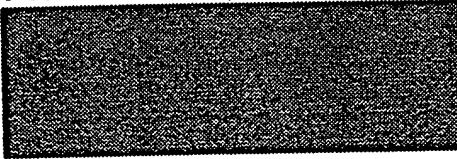
2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/653880

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|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: <u>4-26-01</u> | FROM: <u>TRINH</u> (print name) |
| FORWARD TO: A. Art Unit: <u>2663</u> B. Class: <u>370</u> C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

INTERNET TELEPHONE

| | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

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|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | FROM: _____ (print name) |
| FORWARD TO CLASSIFIER  | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |

DISPOSITION BY 2700 CLASSIFICATION

| | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE: _____ | CLASSIFIER: _____ |
| FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____ | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____ |
| FURTHER EXPLANATION IF NEEDED: | |